

## ALABAMA DEPARTMENT OF REVENUE Financial Institution Excise Tax Return

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FY $\square$	2004	Λ
sy 🗌	<b>400</b>	

	For the year January 1	1 – December 31, 2003, or other tax year	beginning _			, 2003 and ending				
	(For Official Use Only)	NATURE OF BUSINESS	CODE	FEDERAL EMPLOYE	R IDEN	TIFICATION NUMBER (FEIN)			DEPARTMENT USE OF	NLY
		NAME (IF NAME HAS CHANGED, ALSO GIVE FO	BMER NAME)					$\dashv$	Extension	
		<b>&gt;</b>							Balance	
		ADDRESS							Additional Tax	
		CITY, STATE, COUNTRY (IF NOT U.S.)				9-DIGIT ZIP CODE				
		<b>&gt;</b>				<b>•</b>			Date Paid	
	Name	TELEPHONE NUMBER	STATE OF IN	ICORPORATION		DATE OF INCORPORATION			Reviewed by Date_	
	► Important Check applicable box:	THIS COMPANY'S	1			DATE QUALIFIED IN ALABAMA			Audited by Date_	
	Initial Return	TOTAL ASSETS							Is this an Alabama Consolida	ited
	Final Return	DOES THIS COMPANY OPERATE IN MORI	E THAN ONE	'		led a return for 2003 and above	/e	٦l	Excise Tax return?	
	Amended Return	YES NO				s is different, check here		4	YES NC	)
	es this company file as part of a cons	solidated Federal return? YES			EIN of o	common parent corporation.			If payment made through Electro	. —
	Name			FEIN				$\perp$	Transfer (EFT), check this box	
	NG STATUS: (See Instructions)	2 During a series		2 Du 110		· · · · · · · · · · · · · · · · · · ·	(D.)			
	Corporation operating only in Ala					tion-Separate (Direct) Accounting	ng ( <i>Prior wri</i>	tten ap	proval required)	
1		) Loans and Discounts								
		) Obligations of the United States Go								
		) Obligations of States and Political								
	·	e A)								
					_					
		Assets (Schedule B)								
		edule)							I	ı
		es 1 through 5)					▶	6		
		(Schedule C)						CN		
		nployees								
					_			-	- UNLESS A COPY OF TH	
		aid in 2003 (Schedule E)							FEDERAL INCOME TAX RETURN IS ATTACHED.	
		2/ ago instructions)			-				THIS RETURN WILL BE	
	· · · · · · · · · · · · · · · · · · ·	% – see instructions)			_				CONSIDERED INCOMPLET	
	' '				-					
	-	ans, Etc			-					
	-	ins, Ltc			-					
		schedule)								
	•	dd lines 7 through 19)			_			20		
	·	tract line 20 from line 6)						21		
		e)/Loss (from column E, Schedule K)						22		
		d lines 21 and 22)						23		
		actor (from line 26, Schedule L)						24		%
		abama (multiply line 23 by line 24)						25		
		(Loss) (from column F, Schedule K)						26		
		ederal Income Tax Deduction (line 2)						27		
		ction/(Refund) (from line 7, Schedule						28		
		let Operating Loss (NOL) (line 27 les						29		
		do not exceed line 29 – attach sched						30	(	)
	•	(line 29 less line 30)						31		
		<b>EXCISE TAX</b> (6-1/2% of line 31)						32		
		its (Schedule F)						33	(	)
		ts						34		
								35	(	)
		nis Return or (Overpayment/Refund).						36		
		ate of Payment at the Internal Reven						37		
		or late payment						38		
39	TOTAL AMOUNT DUE (ad	dd lines 36, 37, and 38)			. <u></u>	<u></u>	▶	39		
40	AMOUNT DEMITTED WIT	III TIIIO DETUDN			40					

SCHED	ULE A – Dividend Income										1011111111 (2004)		
SCHED	Payor Corporation				Domestic Corps.	Foreig	an Corne						
	r ayor corporation	011.			Domodio Corpo.	Foreign Corps.							
	TAL TO LINE & DAGE /												
	TAL TO LINE 2, PAGE 1												
SCHED	ULE B – Gain or (Loss) (	On Sale of As	sets										
	Description	Sales Pr	rice		Cost			reciation		N	et Gain (Loss)		
							or Am	ortizatio	n	rvet daiii (L033)			
	TAL TO LINE 4, PAGE 1												
SCHED	ULE C – Compensation o	f Officers											
	Name of Officer				T:41 -		Stock	Ownersh	nip	A			
	Name of Officer				Title		Common	Pro	eferred	Amour	nt of Compensation		
TO	TAL TO LINE 7, PAGE 1												
	ULE D – Bad Debts – Re												
	Trade Notes And Account				Amount Add	ed To F	Reserve		Λm	ount	Reserve For		
Year	Receivable Outstanding			C	urrent Year's		Recoveries			d Against	Bad Debts At		
i cai	At End of Year	7,000	uni	O	Provision		riecovenes			erve	End of Year		
1998													
1999													
2000													
2001													
2002													
2003													
	ULE E – Taxes Deducted						– Taxes Use	ed As	Credits				
	Taxes and Permits				Sales Taxe								
Privilege Ta					Furniture, Fixtures								
Social Seci				Use Taxes									
Ad Valoren				State Tax on Utilities									
	es – Attach Schedule				State Tax on Telephone								
TO	TAL TO LINE 12, PAGE 1			Other Allowable Credits									
					TO	TAL TO	LINE 33, PAGE	<u> 1</u>					
SCHED	ULE G - Depreciation												
	Tune of Droporty		Date		Cost or		Prior		/lothed	Life	Current		
	Type of Property		Acquired		Other Basis	D	epreciation	r	/lethod	Life	Depreciation		
TO	TAL TO LINE 15, PAGE 1												
	, -,				AFFIDAVIT								
	□ Lautharia a man	tation of the De					and an area of the second						
					e to discuss my return					et of my know	wledge and belief, they		
Please					er than taxpayer) is ba								
Sign	aro arao, corroot, aria	oomploto. Boolarati	on or propa	101 (01110	l	300 011 a	ii iiioiiiiaaoii oi w	ıo.ı p. op	aror riao ari	y miomodge	,,		
Hara													
	Your signature				Date		-		or Position	1-			
Paid	Preparer's							Date		Preparer's	Social Security No.		
Prepare	signature signature												
Use On	FILLI S HALLE (OF YOURS								E.I. No.				
JJC OIII	if self-employed) and address								ZIP Code	ZIP Code			
Person to con-	tact for information	<del></del>			<del></del>				Telephone	<del></del>			
	s returnName								Number	( )			

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SC	CHEDULE H – Balance Sheets	REGINNING OF	TAXABLE YEAR	END OF TAXABLE YEAR				
	ACCETO	(A) AMOUNT	(B) TOTAL	(C) AMOUNT	(D) TOTAL			
4	ASSETS Cash	(A) Alliootti	(b) TOTAL	(o) Amount	(D) TOTAL			
	Trade notes and accounts receivable							
2	(a) Less allowance for bad debts							
2	Inventories							
	Government obligations:							
4	•							
	(a) U.S. and instrumentalities			_				
_	Other current assets (attach schedule)			_				
	,			_				
	Loans to stockholders			-				
	Mortgage and real estate loans			-				
	Other investments (attach schedule)							
9	Buildings and other fixed depreciable assets							
40	(a) Less accumulated depreciation							
10	Depletable assets							
	(a) Less accumulated depletion							
	Land (net of any amortization)							
12	Intangible assets (amortizable only)							
	(a) Less accumulated amortization							
	Other assets (attach schedule)			_				
14	Total assets							
	LIABILITIES AND STOCKHOLDERS' EQUITY							
	Accounts payable			_				
	Mortgages, notes, bonds payable in less than 1 yr.			_				
	Other current liabilities (attach schedule)							
	Loans from stockholders			_				
	Mortgages, notes, bonds payable in 1 yr. or more			-				
	Other liabilities (attach schedule)							
21	Capital stock: (a) Preferred stock							
	(b) Common stock							
	Paid-in or capital surplus			_				
	Retained earnings – Appropriated (attach schedule)			_				
	Retained earnings – Unappropriated		/	_	/			
	Less cost of treasury stock		(	_	( )			
26	Total liabilities and stockholders' equity	with Income Box Box						
	CHEDULE I – Reconciliation of Income Per Books w	vith income Per Ret		n haales this come				
	Net income per books			Income recorded on books this year not included in this return				
	F							
J	Income subject to tax not recorded on books		(itemize)					
	this year (itemize)		8 Deductions in this t	av return not				
1	Expenses recorded on books this year not in this		charged against bo					
4	return (itemize):		year (itemize):	ook income this				
	(a) Depreciation		, ,					
	(b) Depletion							
5	(c) Other		9 Excess of Federal					
3				ed				
	paid			8b, 8c, and 9				
c	Total of lines 1 through 5							
	Total of lines 1 through 5  CHEDULE J – Analysis of Unappropriated Retained	Farnings Por Pocks		line 10)				
		Larinings Per Books						
	Balance at beginning of year		5 Distributions:					
	Net income per books							
3	Other increases (itemize)		, ,					
				tomizo)				
			• Other decreases (I	temize)				
			7 Total of lines 50 El	o, 5c, and 6				
Л	Total of lines 1, 2, and 3		8 Balance at end of y					
4	i otal of III 63 1, 4, and 0		• Daiance at end of )	rour (IIIIe + 1000 IIIIe / )	I			

## Schedule K \_ Allocation of Nonbusiness Income, Loss, and Expense – Use only if you checked Filing Status 2, page 1

Identify by account name and amount all items of nonbusiness income, loss and expense removed from apportionable income and those items which are directly allocable to Alabama.

			ALLOCABLE G	ALLOCABLE GROSS INCOME / LOSS		RELATED EXPENSE			SE SE	NET OF REL			ED EXPENSE
		LOCABLE ITEMS OF	Column A Everywhere		mn B pama		Column C Everywhere	1	olumn D Alabama		olumn l erywhe		Column F Alabama
1a			,				,						
b													
C													
d													
e													
		SINESS INCOME / LOSS								Column	E		Column F
	Enter Column	E total ((income)/loss) on	line 22 of page 1.	Enter Column	F total (inc	ome/	(loss)) on line 26 o	of page	1▶				
S	chedule L -	Apportionment Factor	or – Use only if	you checked	l Filing S	tatus	s 2, page 1						
		BLE PROPERTY AT COST F		A BEGINNING OF		BAMA	B END OF YEAR		A BEGINNING			WHERE E	B ND OF YEAR
1	Loans and cr	edit card receivables											
2	Premises and	d fixed assets											
3	Other real es	tate owned											
4	Other real an	d tangible personal prope	erty										
5	Total (lines 1		,										
6		ie (total of line 5, columns	A and B,										
	divided by 2)												
7	Annual rental				x8 =						x8 =		
8		e property (add line 6 and									8b		
9	Alabama pro	perty factor — 8a ÷ 8b = 1	ine 9								9	<b>•</b>	%
		RIES, WAGES, COMMISSIO ELATED TO THE PRODUCT				10a	ALABAMA		10b EVERYV	VHERE		10c	
10	Alabama pay	roll factor — 10a ÷ 10b =	10c									<b>•</b>	%
		RECE	IPTS				ALABAMA		EVERY\	WHERE			
11	Receipts fron	n lease or rental of real pr	operty										
12	Receipts fron	n lease or rental of tangib	le personal proper	ty									
13		loans secured by real pro		•									
14		loans not secured by real											
15		m the sale of loans											
16		credit card receivables ar										-	
17		m sale of credit card rece	-										
18	-	suer's reimbursement fee											
19		n merchant discount											
20		ng fees from loans secure											
21		ng fees from loans not sec											
22		dends, net gains, and other		-									
22		s and activities						- 1					
23	•	ales of tangible personal						-					
24		S						-					
		eipts factor — 25a ÷ 25b				25a			25b			25c ▶	%
25		9, 10c, and 25c ÷ 3 = <b>AL</b> .						nogo 1			26	250	<del>/</del> %
26	Sulli of lines												/0
	epartment		RDANCE WITH SE	Percentage In	Departme	_			ich Business Is	PROVIL		ntage In	
	Use Only	Counties In Which Business	Is Conducted	Each County	Use Only				ach County			unicipality	
													☐ Check here
													if no office is
													maintained in
													this state.
													แแจ อเลเซ.
				1	I								

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S	chedule M - Federal Income Tax									
(a)	Taxpayers filing separate (nonconsolidated) federal returns should enter on line 1 below the amount of federal income tax actually	paid during the year.								
(b)	If this corporation is a member of an affiliated group which files a consolidated federal return, indicate the number of the election m									
	☐ 1552(a)(1) ☐ 1552(a)(2) ☐ 1552(a)(3) ☐ No Election Made ☐ Other									
	Attach a copy of the common parent corporation's current 1552 election letter.									
	Enter on line 1 the amount of the consolidated tax liability allocated to this corporation under the method indicated above. Ignore a	ny supplemental elections under	IRC							
	§1502. Attach a schedule of your computations.									
1	Federal income tax deduction to be apportioned	1								
	Corporations not apportioning income should omit lines 2 through 4, and enter this amount on line 5.									
2	Alabama income (from line 27, page 1)									
3	Alabama income (from line 27, page 1)									
4	Federal income tax apportionment factor (line 2 divided by line 3)	4	%							
5	Federal income tax deduction apportioned to Alabama (multiply line 1 by line 4)	5								
6	Refund of federal income tax deducted in prior year(s) (see instructions)	6								
7	NET FEDERAL INCOME TAX DEDUCTION / (REFUND) (subtract line 6 from line 5). Enter here and on line 28, page 1 ▶	7								
0	Other Information									
1	Briefly describe your Alabama operations.									
2	List other states in which corporation operates, if applicable.									
3	If this corporation is a member of an affiliated group which files a consolidated federal return, the following information must be pro-	ovided:								
	(a) Copy of Federal Form 851, Affiliations Schedule. Identify by asterisk or underline the names of those corporations subject to ta	x in Alabama.								
	(b) Copy of the spreadsheet of the income statements for EVERY corporation in the consolidated group.									
	(c) Copy of the consolidated Federal Form 1120, pages 1-4, as filed with the IRS.									
4	Are you currently being audited by the IRS?									
5	Does this corporation file a business privilege tax return (Form PSA)?									
	Under what Federal Identification Number?									
6	Location of the corporate records:									
	Street address:									
	City: State: Zip C	ode:								

Mail to: Alabama Department of Revenue Individual and Corporate Tax Division FIET Unit PO Box 327439 Montgomery, AL 36132-7439

RETURN AND TAX DUE BY APRIL 15, 2004